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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

In re:	Townsend, Debtor	, Tamara Renee	\$ \$ \$ \$	Case No. 06 B 05038				
CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT								
				ving Final Report and Account of the (1)(1). The trustee declares as follows:				
	1)	The case was filed on 05/04/2	2006.					
	2)	The plan was confirmed on 1	1/13/2006.					
C	3) on (NA).	The plan was modified by ord	der after confiri	nation pursuant to 11 U.S.C. § 1329				
r	4) blan on 03/02		nedy default by	the debtor in performance under the				
	5)	The case was dismissed on 0	3/02/2009.					
	6)	Number of months from filin	ng or conversion	to last payment: 30.				
	7)	Number of months case was	pending: 36.					
	8)	Total value of assets abandon	ned by court orc	ler: (NA).				
	9)	Total value of assets exempte	ed: \$2,850.00.					
	10)	Amount of unsecured claims	s discharged wi	thout full payment: \$0.				

11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$15,912.00

Less amount refunded to debtor \$9.29

NET RECEIPTS: \$15,902.71

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$1,800.00

Court Costs \$0

Trustee Expenses & Compensation \$871.69

Other \$0

TOTAL EXPENSES OF ADMINISTRATION:

\$2,671.69

Attorney fees paid and disclosed by debtor \$200.00

Scheduled Creditors: Creditor Claim Claim Claim Principal Int. Class Name Scheduled Asserted Allowed Paid Paid \$9,687.02 \$9,687.02 \$9,687.02 \$9,687.02 \$1,388.53 Drive Financial Services Secured Advocate Trinity Hospital Unsecured \$100.00 \$100.00 \$100.00 \$17.35 \$0 Allstate Insurance Company Unsecured \$4,568.00 \$4,800.70 \$4,800.70 \$832.84 \$0 B-Line LLC Unsecured \$493.00 \$880.37 \$880.37 \$152.73 \$0 Chicago Northside MRI Center Unsecured \$1,950.00 NA NA \$0 \$0 City Of Chicago Dept Of Revenue Unsecured \$100.00 \$50.00 \$50.00 \$0 \$0 \$0 Dish Network Unsecured \$167.00 NA NA \$0 \$0 Global Payments Unsecured \$1,025.00 \$1,025.00 \$1,025.00 \$177.83 \$6,110.00 Illinois Dept Of Employment Sec Unsecured NA NA \$0 \$0 \$5,618.50 \$5,618.50 \$974.72 \$0 Key Bank USA National Association Unsecured \$5,619.00 NA \$0 Northwestern Medical Faculty Unsecured \$335.00 NA \$0 \$0 Quest Diagnostics Inc \$253.00 NA NA \$0 Unsecured \$0 Silkies Unsecured \$18.00 NA NA \$0 NA \$0 United Health Insurance Company Unsecured \$715.00 NA \$0 \$0 University of Chicago Unsecured \$668.00 NA NA \$0 \$600.00 \$0 \$0 Van Ru Credit Corporation Unsecured NA NA

Summary of Disbursements to Creditors:					
	Claim Allowed	Principal Paid	Interest Paid		
Secured Payments:					
Mortgage Ongoing	\$0	\$0	\$0		
Mortgage Arrearage	\$0	\$0	\$0		
Debt Secured by Vehicle	\$9,687.02	\$9,687.02	\$1,388.53		
All Other Secured	\$0	\$0	\$0		
TOTAL SECURED:	\$9,687.02	\$9,687.02	\$1,388.53		
Priority Unsecured Payments:					
Domestic Support Arrearage	\$0	\$0	\$0		
Domestic Support Ongoing	\$0	\$0	\$0		
All Other Priority	\$0	\$0	\$0		
TOTAL PRIORITY:	\$0	\$0	\$0		
GENERAL UNSECURED PAYMENTS:	\$12,474.57	\$2,155.47	\$0		

Disbursements:							
Expenses of Administration	\$2,671.69						
Disbursements to Creditors	\$13,231.02						
TOTAL DISBURSEMENTS:		\$15,902.71					

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12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: May 19, 2009

By: __/s/ MARILYN O. MARSHALL

Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.